

Please print or type**Applicant Student:****Family Name:** _____ **First Name:** _____

Date of Birth: Day: _____ Month: _____ Year: _____ Place of Birth: _____ Nationality: _____

Religion: _____ First Language: _____ ☐ Male or ☐ Female

Number of brothers: _____ ages: _____ Number of sisters: _____ ages: _____

Proposed date of entry: Sep / Jan / Apr of 20 _____ Age at entry: _____ yrs and _____ mths Duration of stay: _____

Application for a place at Aiglon as a: ☐ Boarder ☐ Weekly boarder (Junior School only) ☐ Day student**Father:****Family Name:** _____ **First Name:** _____

Home Address: _____

_____ Mobile tel: _____

Home Tel: _____ **Fax:** _____ **Email:** _____**Work Tel:** _____ **Fax:** _____ **Email:** _____

Occupation: _____ Date of birth: _____

Mother:**Family Name:** _____ **First Name:** _____

Maiden Name: _____

Home Address (if different from father's): _____

_____ Mobile tel: _____

Home Tel: _____ **Fax:** _____ **Email:** _____**Work Tel:** _____ **Fax:** _____ **Email:** _____

Occupation: _____

Parents' marital status: ☐ Married ☐ Separated ☐ Divorced ☐ Re-married ☐ Other _____

Family history and background: _____

Academic Profile:

Form or Grade (to be) completed before Aiglon entry: _____

Previous schools attended (give most recent first):

Dates	Name of school	School address

Scholastic standing: (tick one): ☐ In advance of age ☐ Up to standard for age ☐ Below standardIs there any evidence of any learning difficulty? (tick one) ☐ No ☐ Yes (attach full explanation)Has the applicant ever been expelled or suspended from any school? (tick one) ☐ No ☐ Yes (attach full explanation)

Reason for withdrawal from present school: _____

Interests:

Favourite sports (specify if on a school team): _____

Music: Instrument: _____ Studied for _____ years

Interests and hobbies: _____

List any awards achieved (e.g. sports, Duke of Edinburgh, drama, dance etc.): _____

Health and Physique Summary:

Does the student have any:

- | | | |
|--|-----------------------------|-------------------------------------|
| • Allergies | <input type="checkbox"/> No | <input type="checkbox"/> Yes: _____ |
| • Asthma | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| • Epilepsy | <input type="checkbox"/> No | <input type="checkbox"/> Yes: _____ |
| • Diabetes | <input type="checkbox"/> No | <input type="checkbox"/> Yes: _____ |
| • Heart Condition | <input type="checkbox"/> No | <input type="checkbox"/> Yes: _____ |
| • Obesity | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| • Knee, ankle, ligament or back problems | <input type="checkbox"/> No | <input type="checkbox"/> Yes: _____ |
| • Physical or mental disabilities | <input type="checkbox"/> No | <input type="checkbox"/> Yes: _____ |
| • Emotional problems or depression | <input type="checkbox"/> No | <input type="checkbox"/> Yes: _____ |
| • History of anorexia or bulimia | <input type="checkbox"/> No | <input type="checkbox"/> Yes: _____ |
| • Frequent of recurring illnesses | <input type="checkbox"/> No | <input type="checkbox"/> Yes: _____ |

Has the student had any accidents or operations? ☐ No ☐ Yes: _____

Is the student taking any general medication? ☐ No ☐ Yes: _____

Is the child taking or has (s)he ever taken: ☐ Prozac ☐ Ritalin ☐ Aderol ☐ Other cerebral stimulants or anti-depressants

Other: _____

Other Information:

I heard about Aiglon through: ☐ Friend ☐ Advertisement ☐ Another school ☒ Educational consultant

☐ Other CHINEASY — www.chineasy.ch 8 Chemin Curé-Desclouds, 1226 Thônex, Geneva Switzerland

Student's Passport number: _____ Country: _____ Expiry date: _____

Applicants resident in Switzerland: Commune of residence: _____ Canton: _____ Permis: ☐ B ☐ C

Alternative Emergency Contact:

Person to be contacted in an emergency, should we be unable to contact the parent(s) named overleaf:

Name: _____ Relationship to the child: _____

Telephone: _____ Fax: _____ Email: _____

I understand that discovery of false or incomplete information may jeopardize my child's right to remain at the school.

Signature of parent or guardian: 

Date: _____